

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS



RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

RECEIVED
Date Received
Official Use Only
FEB 23 2012
MARIN COUNTY
ELECTIONS

Please type or print in ink.

NAME OF FILER (LAST) Kinsey (MIDDLE) Steve
12 MAR 29 PM 1:05

1. Office, Agency, or Court

Agency Name

Marin County Board of Supervisors

Division, Board, Department, District, if applicable

Your Position

Board member

► If filing for multiple positions, list below or on an attachment.

Agency: Position: Board Member

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☒ County of Marin

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left (Check one)

-OR- The period covered is through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed

☐ The period covered is through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-OR-

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/22/12 (month, day, year)

Signature

Sign the Electronically Signed Statement with your filing device.

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Steve Kinsey

► NAME OF SOURCE

Marin Resource Recovery Center

ADDRESS (Business Address Acceptable)

565 Jacoby St. San Rafael CA 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 11	\$ 30.00	Sauces
/ /	\$	
/ /	\$	

► NAME OF SOURCE

North Bay Corporation Redwood Empire Disposal

ADDRESS (Business Address Acceptable)

3400 Standish Avenue, Santa Rosa, CA 95407

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 18 / 12	\$ 50.00	Gift basket/wine
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: